**DECLARATION**

As a below-named inventor, I hereby declare that:

My correct residence, post office address and citizenship are stated below next to my name.

I believe myself to be the original, first and sole inventor (if only one name is listed below) or an original and first joint inventor (if more than one name is listed below) of the subject matter which is disclosed and claimed and for which a patent is sought on the invention entitled:

Treatment Regimen Compliance and Efficacy With Feedback

The specification of this subject matter:

- ☐ is attached hereto.
- ☒ was filed on December 16, 1998;
- was assigned Serial No. 09/216,012;
- which was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified patent application, including the claims, as amended by any amendment(s) referred to above. I believe the subject matter claimed in the above-identified application to be new and to be unobvious to persons of ordinary skill in the art in view of the prior art of which I am aware. I further hereby state that the specification of the above-identified patent application adequately describes how to make and use the claimed invention, and further that it sets forth the best mode for practicing the invention known to me as of the date that the application was filed. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. § 1.56(a).

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in these prior United States application(s) in the manner provided by 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

Application No.	Filing Date	Status (Issued, Pending, Abandoned)
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09/201,323	11/30/98	Pending
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FULL NAME OF FIRST Name
INVENTOR 1

MIDDLE Initial(s)

LAST Name

StephenJ.BrownRESIDENCE AND
CITIZENSHIP

City

State or Foreign Country

Country of Citizenship

WoodsideCAThe United States of AmericaPOST OFFICE
ADDRESS

Number and Street

City

State or Country Zip Code

3324 Woodside RoadWoodsideCA94062

I further declare that all statements made herein of my own knowledge are true and that all statements made upon information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

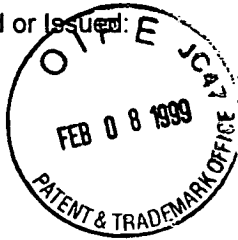

Signature of Inventor 11/28/99
Date

Applicant or Patentee: Stephen J. Brown

Serial or Patent No.: 09/216,012

Filed or Issued: December 16, 1998

For: Treatment Regimen Compliance and Efficacy With Feedback



**VERIFIED STATEMENT (DECLARATION) CLAIMING
SMALL ENTITY STATUS (37 C.F.R. § 1.9(f) and § 1.27(c))
SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern identified below and empowered to act on its behalf.

NAME OF BUSINESS: Health Hero Network, Inc.

ADDRESS OF BUSINESS: 2570 W. El Camino Real, Suite 111, Mountain View, CA 94040

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.3-18, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties control(s) or has (have) the power to control both.

I hereby declare that rights under contract or law have been conveyed to, and remain with, the small business concern identified above with regard to the invention entitled:

Treatment Regimen Compliance and Efficacy With Feedback

by inventor: STEPHEN J. BROWN

described in:

- ☐ the specification filed herewith
- ☒ application Serial No. 09/216,012, filed December 16, 1998
- ☐ Patent No. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than an inventor who qualifies as an individual inventor pursuant to 37 C.F.R. § 1.9(c), who could not qualify as a small business concern under 37 C.F.R. § 1.99d) or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a non-profit organization under 37 C.F.R. § 1.9(e).*

*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27.)

FULL NAME:

ADDRESS:

☐ Individual ☐ Small Business Concern ☐ Non-Profit Organization

FULL NAME:

ADDRESS:

☐ Individual ☐ Small Business Concern ☐ Non-Profit Organization

FULL NAME:


ADDRESS:

☐ Individual ☐ Small Business Concern ☐ Non-Profit Organization

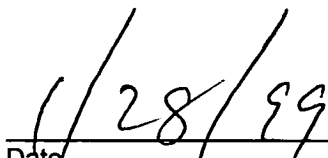
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 C.F.R. § 1.28(b).)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1008 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which the verified statement is directed.

Health Hero Network, Inc.
2570 W. El Camino Real, Suite 111
Mountain View, CA 94040



Stephen J. Brown, President



Date